DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
GOVERNOR'S ADVISORY COUNCIL (GAC)
TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES (DDDS)

June 16, 2016

The Governor's Advisory Council to the DDDS met on June 16, 2016, at the 1056 Woodbrook Conference Room in Dover.

COUNCIL MEMBERS PRESENT:	Terri Hancharick, Chair Thomas Rust Timothy F. Brooks, Ed.D. Susan Pereira Gail Womble
COUNCIL MEMBERS ABSENT:	Angie Sipple Jamie Doane
STAFF MEMBERS PRESENT:	Jill Rogers Lynda Lord Marissa Catalon Vicky Gordy - minutes
GUESTS PRESENT:	Vicki Haschak, Elwyn
CALL TO ORDER:	The meeting was called to order at 11:05 a.m.
APPROVAL OF MINUTES:	The May 19, 2016, minutes were approved.
NEXT MEETING:	July 6, 2016 – 10 a.m. – 12 p.m.
AGENDA-ADDITIONS:	No additions requested

Policy Memorandum 46 (PM 46)

Ann Woolfolk, Deputy Attorney General assigned to DDDS gave a presentation to GAC surrounding PM 46. Ms. Woolfolk also distributed the DHSS PM 46 (dated 3/2/16) and an array of different notification and outcome letters. Also included was the DHSS PM 46 pamphlet and General Information Concerning Investigations from Division of Long Term Care Resident's Protection (DLTCRP). The presentation touched on basis, history, scope, reportable incidents, residential facilities, duty to report, notifications, DLTCRP for licensed residential programs, and confidentiality of investigation. The PM 46, interestingly falls under no statute or regulation but overlaps with *16 Del. C.* ch.11. History presents that all confidential records of HRC must be safeguarded under the 1985 version of PM 46 and that the investigative confidential process is protected under 24 Del. C. 1768 (§ 1768 Immunity of boards of review; confidentiality of review board record) in the 1997 version of PM 46. Ms. Woolfolk will reach out to DLTCRP for statistical information surrounding PM 46 to relay to GAC. The PM 46 is not punitive by nature.

The DDDS project team met to begin in-depth review of PM 46 processes. Standardizing for consistency of all aspects of PM 46 to included investigator's training will occur by team. Team target date for completion is August 30, 2016.

The GAC will review handouts/letters and bring any suggestions back to the next GAC meeting. This type of feedback and guidance is especially valuable to DDDS.

Legislative Updates

Dental

Senate Bill 142, sponsored by Senator Bethany Hall-Long, extending dental care to Delaware eligible Medicaid recipients, passed without funding attached. Once funding is available, dental services may be covered under the adult Medicaid program. This is a great first step as Senator Hall-Long has put legislation forth for approximately 8-9 years. It is thought that adding benefits will add cost, but in the case of dental, the extent to which better dental health may offset other medical expenses is possible. Data is not available to support the impact of offsetting other medical expenses by providing better dental health, but anecdotally speaking there is a strong suspicion that maintaining good dental health over time reduces the need to use health benefits may be substantial. In some situations, good dental health may decrease behavior issues.

House Bill 428, introduced yesterday allows a dental hygienist access to certain facilities to provide dental hygiene services. Under existing law, a dental hygienist may only act under the general supervision of a dentist in the dental office, state institutions, or schools. Historically, dentists have been hesitant to allow dental practices to occur for the broader population by dental professionals other than dentist. GAC member's opinions are encouraged to be expressed, referencing HB 428, specifically.

Provider Increase

Joint Finance Committee took provider increases across all state agencies off the table due to fiscal impact, per last report. There was activity in the last couple of days around provider increase specific to DDDS that was started then stopped but never made it to full discussion.

All Payer Claims Database (APCD)

Has less direct impact on many people served by DDDS as most are covered by Medicaid where claims are available. Delaware is going to become "middle of the pack" when it comes to requiring submission of medical claims data generally by all payers into a central repository. This has been a long time coming and hopes to provide valuable information surrounding health care cost and how health care is utilized in Delaware. At the broader level, Delaware's health care cost are 25% higher than some regional neighbors per capita and outcomes are not substantially better. Work has been ongoing for a couple of years. The All Payer Claims Database legislation passing through Senate provides a huge step forward to understand how much Delaware spends on health care, how much a service cost at a specific facility, how health care prices changed over time, and if Delaware's efforts to establish value-based alternatives to the traditional "fee for service" health care system is effective.

Integration of Medical Services

GAC member spoke about receiving a call from his son's DDDS nurse consultant recently informing family that DDDS nurses are no longer providing nurse consultant services; therefore, a replacement must be chosen from a DDDS approved nursing consultant provider agency. The GAC member recalled

receiving a similar call from DDDS behavior health consultant relaying the same information that led to agenda item.
There are different levels in which change is happening. One thing that DDDS has been talking about over the last several months that relates directly to the PM 46 discussion as well is that nurses that are currently providing consultative work are going to fill gaps in the DDDS PM 46 process. DDDS understands that consistency is missing at the ground level for PM 46 investigations (including training) and is assisting provider agencies surrounding PM 46. Integration of services has been happening over the past several months to make sure that DDDS has supports in place to investigate, train, and support provider agencies and not provide as much direct care services so that direct care services are accessed via provider agencies.

DDDS plans to transition DDDS nurses slowly with a goal of moving two nurses to Office of Quality Improvement (OQI) by June 20, 2016. OQI is currently without nursing staff. OQI nurse's role will include reviewing systems at a level that requires a professional nurse (i.e. medications, medical appointment, etc.), and to support provider agencies improvement in these areas. As an example, DDDS nurses may provide expertise by assisting provider agencies to develop protocols for appropriate medical requirements. In the past, DDDS had no capacity to provide expertise or technical assistance to provider agencies around this subject.

For the past couple of months, DDDS nurses are reaching out to nursing agencies to determine available choices and to families. As nursing agencies build their staff, there are reports of limited choices in Kent and Sussex Counties. This is a perfect example of why DDDS is **slowly** transition DDDS nurses out of their consultative role and plans to transition DDDS nurses consistent with the capacity of provider nursing agency staff. The number of licensed nurses in Delaware has grown significant over past years.

To deal with the capacity of provider agency organizations, DDDS has begun discussions with the medical community at large as DDDS is responsible to ensure that the medical community and health care system is competent to provide medical care to people supported by DDDS. If the health care system is restructuring itself to provide care and coordinate care for people with complex needs, DDDS must voice needs to ensure meeting DDDS' supported individuals needs are met as well as others. DDDS is reaching out to federally qualified health centers to think about coordinating primary care and then becoming more culturally competent around care for DDDS population.

Developing a parallel system of care should not occur as the spirit of the CMS Community Rule is for people's lives to be as integrated as possible. Primary care providers, hospitals, etc. must be prepared to treat people regardless of person's abilities or needs. DDDS had discussions initially with federally qualified health centers in Delaware and some behavior health providers to discuss how to get systems better equipped and ready to care for every single person supported by DDDS by providing supports and services unique to IDD population. In addition, Eileen Sparling is going to provide technical assistance to those providers. DDDS' vision for this is to fill in and provide supports and services that allow people to function in medical system, employment system, and in the broader community in every aspect of their lives.

The GAC requested to review the job duties of the contracted nurse consultant, once available. Another concern of GAC is accountability of contracted employees. As DDDS contracts with nursing consultative provider agencies, DDDS nurses will provide oversite via OQI for approved nursing consultant provider agencies. State agencies, philosophically, should be overseeing, regulating and assuring the accountability and the quality of the services as opposed to direct service providers, so in that spirit, DDDS is making this move to return to role of oversight and accountability. This listing of

approved consultative nursing agencies on the DDDS website was shown to GAC; out of 16 providers listed, only three are not accepting referrals.
Discussion was had surrounding how to send this type of service change information consistently to family members and/or guardians. The idea of DDDS providing a quarterly newsletter to send to families to include changes was brought to the table.

The GAC Chair spoke of the Transition of Care program at the Wilmington Hospital that locates primary care, provides social worker, and advanced practice nurse services that look at living arrangements, transportation needs, etc. to support transition. DDDS is interested in connecting with program to continue developing relationships in this area. Reportedly, A.I. DuPont Hospital for Children provides a similar service for patients that age out of program.

Particularly encouraging is that DDDS is getting a lot of outreach from agencies and interests from other agencies to provide services in Delaware.

Upcoming Agenda Items

Shared Living – will be placed on the September 2016 GAC agenda.

Other

DDDS is extending all current provider contracts by 60 days to ensure that all are comfortable with and confident in boilerplate language and in case of any last minute changes to budget.

DDDS is beginning to revise the DDDS website to act as a vehicle for public to get up to date DDDS information and to use to solicit feedback from all interested.

The GAC Chair was invited to be a founding member of a new group called "Alliance for Citizen Directed Support". This group has worldwide participation and is committed to transforming the community innovatively. The GAC Chair will provide ongoing updates to GAC.

With the retirement of the Director of DDDS Office of Professional Development, Lynda Lord has assumed responsibilities until position is filled. Requests were made to broaden the language of this position and the recently vacated Resident's Protection Administrator position that would allow similar functions to carry out in settings where DDDS individuals are served. The hope is to get approval and recruit widely for each position. The vacated Developmental Disability Program Administrator position that supports DDDS eligibility/enrollment and PM 46 management will be approached for recruitment once the outcome of PM 46 process and eligibility/enrollment reviews are completed. Hiring decisions are now managed at division level; therefore, DDDS may post positions if not over predetermined cap.

The Data Unit Director position is in the final stages of hiring process and is expected to be filled within the next couple of weeks. The incumbent will supervise the electronic case record system conversion with the target date being pushed from July 1st to October 1st. GAC member stated that provider agency direct support staff voiced concerns over conversion surrounding sufficient training. Therap's limited navigation capabilities may have added to concerns. All provider agencies will have opportunity to identify staff member to attend the CORE system's train the trainer five day training course.

Adjournment

The meeting adjourned at 1:00 p.m.